

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68-044892

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 158

STATE FILE NUMBER

FILED DEC 10 1963

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Waynesville

Length of stay in 1b

1 hour

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Pulaski County Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Laclede

c. CITY
OR
TOWN

Richland

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

Rt #2 Box 302

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Jalany

Middle

Davis

Last

Wilson

4. DATE OF DEATH

Month

12

Day

3

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JUNE 20, 1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Miller County MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES HENRY Wilson

13b. MOTHER'S MAIDEN NAME

Louise Jane Glover

14. NAME OF HUSBAND OR WIFE

Myrtle Mae Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

500-10-9868

17. INFORMANT

Myrtle M. Wilson Rt #2 Box 302

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Multiple Brain Damage

12 hr.

DUE TO (c)

Skull fracture

12 hr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Deceased CAR struck by passenger

20c. TIME OF INJURY
Hour Month, Day, Year

12:30 12 3 63

TRAIN AT MAIN RR CROSSING IN Richland, MO

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

RR Crossing Hwy 193

20f. CITY, TOWN, OR LOCATION

Richland Pulaski

COUNTY

MO

STATE

21. I attended the deceased from _____ to _____ and last saw him alive on _____

Death occurred at

1:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Waynesville, MO

22c. DATE SIGNED

12-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12-6-1963

23c. NAME OF CEMETERY OR CREMATORY

OAKLAWN Cemetery

23d. LOCATION (City, town, or county)

Richland Pulaski MO

(State)

24. FUNERAL DIRECTOR

Mess-Williams Richland, MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-6-63

26. REGISTRAR'S SIGNATURE

Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0850

2 0530

3

4 0

5 1

6

7 0

8 2

9 X

10

11 085

12 1-2

13 1-0

DEC 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clarence Thross

Licensed Embalmer No.

4896

P. O. Address

Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.